ORIGINAL ARTICLES

REQUISITES FOR THE TREATMENT OF THE PSYCHO-NEUROSES: PSYCHO-PATHOLOGICAL IGNORANCE, AND THE MISUSE OF PSYCHOTHERAPY BY THE NOVICE.*

By TOM. A. WILLIAMS, MB. CM., Edin., Washington, D. C.

We hear much about the neuroticism of modern days, the popular belief being that neurasthenia,[1] as it is loosely called, hardly existed until the latter end of the 19th century. It is supposed that this state of matters is due to the fatigue to the nerves of the modern strenuous life.

As a matter of fact, confessions, memoirs,[2] and pictures of the time show that neurotic states occurred in the Middle Ages even more widely than they do to-day. Again, the "vapours" so often alluded to in the literature of Queen Anne's time, would now-a-days be called nervous prostration, and a "rest-cure" would be prescribed; but in that less enlightened age, they were appraised, empirically it is true, at their real value—mental vacuity, discontent or failure of adjustment to environment.

The last factor is shown by a close analysis to be the real cause of most cases of so-called nervous prostration;[3] and the indiscriminate administration of the rest cure without a clear psycho-diagnosis will in the future be relegated to the limbo of such other medical superstitions as blood-letting and antipyretics.

Of course, adjustment fails when the nerve cells are poisoned, injured, receive insufficient oxygen or irregular supply of blood; but these are not psychic difficulties, and can be provided against by the physician and the pathological chemist. He succeeds in virtue of the precision with which he estimates the derangements in a body whose normal functions he has spent years in studying.

Similarly, the psychiatrist can succeed only by an understanding of normal mental reactions, and by a profound study of the data of morbid psychology. It must be recollected that the patients referred to him are those in whom empirical methods have failed. For example, they are "suggestioned" *ad nauseam*: one patient told me how thankful she was that I did not tell her she was better or minimize her mental suffering for she hated the sight of a doctor; as each in turn made light of her state, and said she would soon be better, whereas she became worse and the confidence she had reposed in her first physician had become profound distrust at the end of three years, at which time I was called in.

Another gross empirical error is the injudicious appeal to the patient's will-power.[4] The doctor who commits this solecism does not realize that the patient has already exhausted his volitional power of response, previously highly stimulated by the complexities of social and professional environment. It is as if a lost treveler in a jungle which he does not know were directed to find his way back to the camp from which he had strayed. The real guide will show the way. Such symposia as this are a sign that in psychotherapy blundering empiricism has had its day.

We should laugh at the surgeon who tried to tie the lingual artery while ignorant of the anatomy of the sub-lingual triangle, or even to set a dislocation without understanding the structure of the joints; but the arrest of a morbid train of thought and the setting a mind at rest are much more delicate operations than those of the surgeon; and yet, although the art requires finesse for its acquirement and years before the *tactus eruditus* is acquired, very few men hesitate to rush in where angels fear to tread, into the sacred precincts of the soul. A bull in a china shop would be less out of place.

Such assumptions of confidence where skill has not been acquired have in the field of gynecology called down just reproach from the masters of that art.[5] In morbid pathology, the result has been, if not less disastrous to our patients, certainly much more so to ourselves, both in wealth and prestige. The Christian Science Church is a growing canker of contempt for science and its medical exponents, and its doctrine is inculcated to the plastic mind of childhood, to be there ineradicably fixed, even though enlightenment may come. The Emanuel movement will become another source of malign influence; for it has now been publicly repudiated,[6] even by the few neurologists who were weak enough to countenance its apparently ethical commencement.

We can overcome these influences only by acting together, as is done in all successful organizations. The public requires and demands psychic treatment. They receive from the medical man, burdened with the complexities of his art, only indifference or an affectation of knowledge which they are quick to penetrate. I even know of a case where a medical man sent a patient to a mental-healer who advertises in the newspaper.

Now the remedy should be obvious enough. It is to provide facilities for instruction of medical men, first in psychology and psycho-pathology, and then in psycho-therapeutics. To do this, wards and out-patient clinics must be provided in the hospitals, to which competent teachers must be appointed. In the meanwhile, the doctor who endeavors to bungle through the treatment of a psycho-neurotic case, without understanding psycho-physiology and pathology, and with only a rough empirical experience, is guilty of a crime to his profession. Such cases should be treated at least under the advice of a specialist, until the physician has learnt to do so himself by observation and study under expert direction.

It is impossible in ten minutes to even indicate the kind of problems which psychotherapy studies,[7] all of them depending upon analytic diagnosis of mental make-up, as well as of the physical factors which contribute to psychic insufficiency.

* Read by invitation at the Symposium on Psychotherapy before the Washington Therapeutic Association, April 10, 1909.

I may mention, firstly, the mythomanic[8] tendency, that is, the impulse to take what appears the easier way of complete indifference with regard to truth. It is fundamentally a lack of foresight due to a deficiency of intelligence; but it has been acquired in early childhood, and has become an affective habit, which the intelligence is not powerful enough to overcome. Its prevention, and later the cure, depends upon the principle of "conditioning the reflexes," as shown in its most simple terms by Pawlow[9] in dogs, when he changed at will the stimulus needed to provoke gastric or salivary secretions. The whole art of education is based upon this principle of associating pleasant feelings with useful activities, of which truth telling is certainly one of the greatest. The re-education of a bad habit is similar in principle, but more difficult of accomplishment, and is best illustrated in the arts of playing a musical instrument or of speaking and singing.

Time forbids to trace the stages between such simple measures and the full complexity of the intellectual readjustments which psychotherapy attempts.

The problem is comparatively easy compared with that where the emotions and feelings are concerned, as for instance in such cases of sexual perversion as the classic one of Kraft-Ebbing,[10] where the sexual act could be performed only when the patient's wife was dressed in a white apron, owing to the circumstance that it was with a maid so dressed that he had first had connection. Still more striking in this connection is the case recently reported by Stcherbak,[11] in which the only means of producing orgasm was the placing upon the knees the elegantly booted lower extremities of a fashionably dressed woman. The sexual factor in the production of neuroses is most important, and it is time the reticence we display towards it cease and be replaced by thorough discussion.

But emotion may be conditioned, too. Indeed, it is the affective accompaniments which give intellectual attitudes their dynamic power.

This is an important element in cases of traumatic neuroses. Here the replacement of the morbid feeling tone by another cannot be direct, but must be accomplished through the replacement of the causative idea by another one. *Ex cathredra* affirmation or cold appeal to the intellect cannot change an attitude of mood of any standing. The method of doing this may be illustrated by the gastric neuroses,[12] where a false fixed idea creates a feeling of disgust while food is being eaten, which in turn inhibits the digestive secretions. As I have pointed out elsewhere, this morbid conditioned reflex has usually its source in the unskillful suggestions of doctors[13] who have not understood the role of the psyche in pathology, and who have gone on treating the symptoms by referring them to the stomach itself, thereby only fortifying the patient's error; so that by the time he reaches the psychotherapist, he is inexcessible to conviction that the trouble is really in his head, as Déjérine[14] puts it. Accordingly he cannot be convinced by assertion or argument, as he has lost confidence in these; but is convinced by the stern logic of events, shown by his rapid gain in weight while isolated. It is then that the physician's dialectic finds its opportunity,[15] and the patient's false idea is dispelled.

I have shown elsewhere[16] that both of these conditions are forms of hysteria, in that they are susceptible of "production by suggestion and of removal by suggestion-persuasion."[17]

Some patients of the more intellectual grade are put on the road to recovery by the first interview, although the recovery from emaciation and the starvation habit which the stomach has acquired requires some time.

In traumatic neurosis my experience has been more favorable,[18] one interview often sufficing. I attribute this, however, to the fact that these patients are in a better position than the gastric ones to realize the truth; for until my psycho-therapeutic interview, they have heard only *ex parte* opinions or indiscriminate sympathy for an attitude which at heart they would be glad to be rid of. Without confidence given by a thorough knowledge of organic disease of the nervous system, the neurologist's diagnosis and affirmation cannot be positive.[19] When to this is added the muddled conceptions so prevalent about the traumatic neurosis, one cannot wonder at the reproaches heaped upon our profession as medico-legal experts.

From these types of what might be termed untruthful reaction to environment, I trust that my hearers will gain at least a slight conception of the problems with which psychotherapy deals; and that from a comprehension of these clearer cut conditions, they may be in a better position to estimate the much commoner cases where one may be called upon to guide into productive and happy channels perversions of disposition, such as despondence, suspiciousness, facile emotionalism, religious sentimentalism, social ashamedness, weakness of character, and morbid fears, pains, besetments or any form of inadequacy to personal and social requirements.[20]

REFERENCES.

1. Williams. Importance of Distinguishing between the Psycho-neuroses. Jour. Abnor. Psy., 1909, March, April.
2. Surin. Soeur Jeanne des Anges. Revised by Giles de la Tourette. Paris, 1889.
   Ahumada (Theresa de) Le Chateau Intereur. French Trans. Paris.
3. Williams. The Diff. Diag. between Neurasthenia and Some Affections of the Nervous System, for which it is often Mistaken. Arch. of Diagnosis, 1909, Jan.
4. Williams. The essentially different treatment Required in Affections often Mistaken for Neurasthenia. Tri-State Med. Ass, 1909, Feb.; Charleston Med. Jour., 1909.
5. Washington Med. Soc., 1908.
6. Letter Symposium in Boston Herald, 1909.
7. Taylor. The Relation of the Me. Prof. to the Psychotherapeutic Movement. Boston Me. Jour., 1908.
   Putnam. Phychasthenia from the Viewpoint of Social Consciousness. Amer. Jour. Med. Sciences, 1908, Jan.
   Levy, E. P. L'Education Rationelle de la Volunte, Paris, 1904.
   Payot. L'Education de la Volunte, Paris, 1904.
   Meige et Feindehl. Les Tio et Leurs Traitment, Paris, 1901.
   Forthcoming Symposium on Psychotherapy. Jour. Abnor. Psy., 1909.
8. Dupre. La Mythomanie, 1906.
9. Huxley Lecture. Brit. Me. Jour., 1906.
10. Psychopathie Sexualis. Trans Chaddock.
11. Arcd. de Neurol. 1907, Vol. II.

12. Williams. Jour. Abnor. Psy. 1909, Feb., March. Old Dom. Jour., 1908.
Déjérine. Les Fausse Gastropaths. La Presse Med., 1906.
13. Williams. Le Role du Medicin en créant ou en Maintenant par les Suggestions Maladroites les Maladies produites par l'Imaginatio Congrèss, des Neurologistes Francais á Lille, 1906. Trans. Amer. Med., Aug., 1908.
14. in Camus et Pagniez Isolement et Psychotherapie. Paris, 1904.
15. Williams. Hints from experience on Psychotherapy. Mon. Cyclo., 1908, July.
16. Williams. The Trend of the Clinicians' Concept of Hysteria. Boston Med. Jour., 1909, April.
See also International Clinics, 1908, Autumn, and Monthly Cycle, and Med. Bul., April, 1909.
17. Babinski. Ma Conception de l'Hysterie. Paris, 1906.
18. Williams. The Traumatic Neurosis and Babinski's Conception of Hysteria. Inter. Congress for Industrial Accidents. Rome, 1909, May.
19. Déjérine. in Camus et Pagniez loc cit.
20. The most complete discussion of these is found in Raymond et Janet Les Obsessions et la Phychasthénie. Paris, 1903.

CHRONIC COLITIS.

By DUDLEY FULTON, M. D., Los Angeles.

This paper is a résumé of 158 cases of chronic colitis. Only those cases are included in this series in which the disease was limited to the large bowel. Excluded are gastro-enteritis, acute entero-colitis and those cases of chronic entero-colitis associated with disturbances of the upper intestinal tract, as evidenced by the presence of undigested food in the stool. In the cases which furnish the basis of this paper, the stools were macroscopically studied in all, microscopically and chemically in a considerable number, and bacteriologically in six; the limited number of the last two groups do not permit conclusions to be drawn. We consider the subject of colitis therefore purely as it is observed at the bedside. Of the 158 cases, 67 were males and 91 females. The youngest individual was a boy of six, and the oldest, a woman of 65. Seventy-five per cent of the cases were from 20 to 50 years of age. The duration of the disease varied from two months to twenty years.

One hundred and forty-two, or 85%, were poorly nourished; the loss in weight varied from a few pounds to 40 pounds below normal weight in health.

Ptosis of the stomach (by which is meant the greater curvature of the stomach lying below three finger breaths above the umbilicus) was present in 118 cases.

The right kidney was palpable in 53, both in 15, and the left alone in two cases.

Ninety-two had the "habitus enteropticus," i. e., the long narrow thorax with sharp costal angle. Since this predisposes to general enterostosis—there being in such a thorax and abdomen greater longitudinal than transverse room for the abdominal viscera—it is a question in my mind if this anatomical condition is not a factor in the development of constipation and therefore of colitis.

One hundred and fifty-four of the 158 cases had chronic constipation at the time of application for treatment. Of these, in 131 the constipation was of the spastic variety. Atonic constipation had existed from a few months to 15 years before the spastic stage had developed. With the onset of the latter, most of the patients upon careful anamnesis could date the beginning of colitis symptoms. In other words, so far as my experience has taught me, spastic constipation is soon followed by colitis.

Instead of colitis being a neurosis secondary to general neurasthenia and nervous irritability, as is usually taught, we believe the interpretation of the relationship between the two should be that in a neurotic individual with high reflexibility of his nervous system, atonic constipation will develop into spastic constipation sooner than in a person with a more stable nervous organization. In the latter, atonic constipation may exist for years or decades without further trouble than simple constipation, while in a neurotic person atonic constipation may develop into the spastic stage within a few weeks or months, with its associated chronic flatulence, abdominal distress and evacuation of mucus, which are never chronically present in atonic constipation.

Four of the 158 cases had diarrhea, and seven, alternating constipation and diarrhea. Three stated that their bowel functions were normal. To test this a teaspoonful of powdered charcoal was administered and it was found that from three to seven days were required for the charcoal to disappear from the stool.

Since it is well known that most cases of alternating constipation and diarrhea are fundamentally constipation, and since in the seven cases in this series this proved to be true, we may state, therefore, that the most striking observation in this series of cases was that 154 of the 158 cases had chronic constipation.

The symptomatology consisted of constipation, mucus, flatulence and abdominal distress, besides a large number of reflex, nervous, dyspeptic and circulatory disturbances too numerous to mention.

The mucus was evacuated in glairy, amorphous masses, or in membranous-like form. The form in which it was evacuated was without especial clinical significance. The amorphus represented the more freshly secreted mucus, while the membranous form represented older mucus which had been molded and pressed into casts of the bowel, membranous shreds, etc., by the absorption of moisture and the pressure of the stagnating column of feces in the colon. The expulsion of membranous mucus was accompanied by greater discomfort than of amorphous mucus and in some instances amounted to the most excruciating pain and colic, simulating in severity the agonizing pain of gallstone colic, kidney-colic or ileus, which in some cases caused early diagnostic confusion.

The abdominal distress complained of seemed to be dependent upon and proportionate to the amount of mucus and gas in the large bowel. Mucus-colic and the so-called "wind-colic" represented the extremes of pain in these cases. Graduating up to these were all degres of sensory discomforts; flatulence, distension, uneasiness, distress and actual pain.

Typically, the distress in colitis is said to be left-sided in the region of the sigmoid. In my experience the transverse colon was as often the seat of

* Read at the Thirty-ninth Annual Meeting of the State Society, San Jose, April 1909.